| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004           |  |   |   |            |   |                               |                               |            | Application or Docket Number |  |                     |                            |                        |
|--|--|---|---|------------|---|-------------------------------|-------------------------------|------------|------------------------------|--|---------------------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                   |  |   |   |            |   |                               |                               |            | SMALL ENT                    | ·* · · · · · · · · · · · · · · · · · · | OR                  | OTHER THAN<br>SMALL ENTITY |                        |
| U.S. NATIONAL STAGE FEES   |  |   |   |            | `   |                               | 1                             | RATE       | FEE                          | 1                                      | RATE                | FEE                        |                        |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150                                 |            |   | LARG                          | SE ENT. = \$ 300              | 1          | BASIC FEE                    | 15b                                    | OR                  | BASIC FEE                  |                        |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100 |            |   |                               | her situations = 100 / \$ 200 | 1          | EXAM. FEE                    | 100                                    | 1                   | EXAM. FEE                  |                        |
| SEA  | RCH FEE  | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400  |   |            |   | her situations = 250 / \$ 500 |                               | SEARCH FEE | 200                          |  | SEARCH FEE          |                            |                        |
| FEE  | FOR EXTRA S                                    | minus 100 =   |   |            |   | / 50 <del>=</del>             |                               | X \$ 125 = |                              | 1                                      | X \$ 250 =          |                            |                        |
| тот  | AL CHARGEAI                                    | 7   | minus 20 =  |            | *   |                               |                               | X \$ 25 =  |                              | OR                                     | X \$ 50 =           |                            |                        |
| INDE   | EPENDENT CL                                    | l '   | minus 3 =   |            |   |                               | 1                             | X \$ 100 = |                              | OR                                     | X \$ 200 =          |                            |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT + \$ 180  |  |   |   |            |   |                               |                               | + \$ 180 = |                              | OR                                     | + \$ 360 =          |                            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL O |  |   |   |            |   |                               |                               |            |                              | OR                                     | TOTAL               |                            |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL E            |  |   |   |            |   |                               |                               |            |                              |  |                     | OTHER<br>SMALL E           |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                             |   |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                               | PRESENT<br>EXTRA              |            | RATE                         | ADDI-<br>TIONAL<br>FEE                 |                     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus   |            | **  |                               | =                             |            | X \$ 25 =                    |  | OR                  | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus   |            | ***   |                               | =                             |            | X \$ 100 =                   |  | OR                  | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |            |   |                               |                               |            | + \$ 180 =                   |  | OR                  | + \$ 360 =                 |                        |
| ÷  |  |   |   |            |   |                               |                               | _          | TOTAL ADDIT.<br>FEE          |  | OR                  | TOTAL ADDIT.<br>FEE        |                        |
|  |  | (Column 1)  |   |            | (Column 2) (Column                          |                               | (Column 3)                    | 1          |                              | r                                      | <b>.</b>            |                            |                        |
| AMENDMENT B  |  | REMAINING AFTER AMENDMENT   |   |            | NUMBER<br>PREVIOUSLY<br>PAID FOR            |                               | PRESENT<br>EXTRA              |            | RATE                         | ADDI-<br>TIONAL<br>FEE                 |                     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus *   |            | **  |                               | =                             |            | X \$ 25 =                    |  | OR                  | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus   |            | ***   |                               | =                             | 1          | X \$ 100 =                   |  | OR                  | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |            |   |                               |                               |            | + \$ 180 =                   | ."                                     | OR                  | + \$ 360 =                 |                        |
| TOTAL ADDIT. FEE OR  |  |   |   |            |   |                               |                               |            |                              |  | TOTAL ADDIT.<br>FEE |                            |                        |
| **   | If the "Highest Nu                             | umn 1 is less than th<br>umber Previously Pai<br>umber Previously Pai | id For" II  | N THIS SPA | CE is les                                   | s than '2                     | 0', enter "20".               |            | e.                           |  |                     |                            |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.